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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|---------------------------------------------------|----------------------------------|---------------------------------------|-----------------|---------------------|---|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |                                  |                                          | Application or Docket Number<br><b>10/553,807</b> | Filing Date<br><b>02/02/2006</b> | <input type="checkbox"/> To be Mailed |                 |                     |   |
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |                                  | SMALL ENTITY <input type="checkbox"/> OR |                                                   | OTHER THAN SMALL ENTITY          |                                       |                 |                     |   |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                     | RATE (\$)                                | FEE (\$)                                          | RATE (\$)                        | FEE (\$)                              |                 |                     |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                      | N/A                                               | N/A                              | N/A                                   |                 |                     |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                      | N/A                                               | N/A                              | N/A                                   |                 |                     |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                      | N/A                                               | N/A                              | N/A                                   |                 |                     |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | minus 20 =                                                                                                                                                                                                                    | *                                | X \$ =                                   | X \$ =                                            | X \$ =                           | X \$ =                                |                 |                     |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | minus 3 =                                                                                                                                                                                                                     | *                                | X \$ =                                   | X \$ =                                            | X \$ =                           | X \$ =                                |                 |                     |   |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                  |                                          | TOTAL                                             | TOTAL                            | TOTAL                                 |                 |                     |   |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               |                                  | SMALL ENTITY OR                          |                                                   | OTHER THAN SMALL ENTITY          |                                       |                 |                     |   |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11/04/2009                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR       | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   | RATE (\$)       | ADDITIONAL FEE (\$) |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total (37 CFR 1.16(i))                                                                                                                                                                                                        | * 21                             | Minus                                    | ** 39                                             | = 0                              | X \$ =                                | OR              | X \$ 52=            | 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Independent (37 CFR 1.16(h))                                                                                                                                                                                                  | * 6                              | Minus                                    | *** 13                                            | = 0                              | X \$ =                                | OR              | X \$ 220=           | 0 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                  |                                          |                                                   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE | 0                   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                  |                                          |                                                   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE | 0                   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                              |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AMENDMENT                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR       | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   | RATE (\$)       | ADDITIONAL FEE (\$) |   |
| Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               | *                                | Minus                                    | **                                                | =                                | X \$ =                                | OR              | X \$ =              |   |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               | *                                | Minus                                    | ***                                               | =                                | X \$ =                                | OR              | X \$ =              |   |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |                                  |                                          |                                                   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE | 0                   |   |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |                                  |                                          |                                                   | TOTAL ADD'L FEE                  | OR                                    | TOTAL ADD'L FEE | 0                   |   |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |
| Legal Instrument Examiner:<br>/PAMELA YOUNG/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |                                  |                                          |                                                   |                                  |                                       |                 |                     |   |